REGISTRATION/CARE-TO-SHARE FORM

REGISTRATION CARE TO SHARE TORM												
Payor Info	rmation: Fill f	orm out a	comple	tely (Please print clea	rly,	using blue or	black ink)				
First name:				Last name:				Home/Cell phone:				
Mailing address:						Cell/Work phone:						
City:			State: Zip:			Zip:	E-mail:					
Participant Information: Fill form out completely (Please print clearly)												
Participant's Name:		Birthday	Gender	Grade	Activity		Location	Start Date	Time	Day of week	Fee	
Jane Doe (Example)		2-15-2010	M/F	2nd	Sports Camp		City Playfield	June 9	3:15pm	MWF	\$35	
-								TOTAL		\$		
Payment Information:							BILITY AND N	1EDICAL I	RELEASE	AGREEMENT:	I, the	
Check: # Make check payable to: City of Pullman						undersigned adult, on behalf of myself and my child(ren) assume all risks and hazards reasonably related to the conduct						
Credit Card:	O Visa	O MasterCard					of the program, and/or rental or use of any City of Pullman facility. Further, I do hereby release and hold harmless the City					
Card #	O VISI	O Maste	-			of F	Pullman, its elec	ted and ap	pointed of	ficials and en	nployees,	
Expiration Date: / Security Code (found on						organizer, sponsor, supervisor, contracted facilitator, or any volunteer connected with a program, facility rental and/or use,						
Card Holder Name	:				1 1	fron	n any and all cuding attorney	laims, injui	ries, dama	ges, losses a	nd suits,	
Assistance is available for youth through 17 years of age who reside in the Pullman School District, Senior Adults 60 years of age and older, and disabled adults who reside within the City of Pullman. Care-to-Share is based on a 50% match. Youth may apply for one activity per person per brochure with 50% of the activity fee supplemented from the Care-to-Share Fund with a maximum of \$40; or apply for two activities per person per brochure with 50% of the activity fee from the Care-to-Share Fund with a maximum of \$20. Senior Adults 60 years of age and older, and disabled adults may apply for one activity per person per brochure with 50% of the activity fee from the Care-to-Share Fund with a maximum of \$20. To be eligible, you must be receiving assistance through one of the following programs: free school lunches, Food Stamps, Income Assistance AFDC/TANF, energy assistance, Medicaid, or subsidized housing (verification needed for assistance to be granted). To apply: mail or bring this completed form with your verification to Pullman Parks & Recreation, 240 SE Dexter, Pullman, WA 99163. We will notify you within one business day of the amount you are eligible to receive. No program space is guaranteed until actual enrollment into a program. We are currently receiving one of the following forms of assistance and authorize Pullman Parks & Recreation to verify "Free School Lunch" or we will provide proof of our eligibility for the "Care-to-Share" program. Parent/Guardian/Participant Signature							the program or rental and/or use of a City of Pullman facility. I acknowledge that I have familiarized myself with the description of the activity(ies), rental or use of a facility, and understanding the hazards, myself and my child(ren)'s personal limitations, and knowingly assume all risks. In the event of a medical emergency, I authorize transportation to the nearest appropriate medical facility, and authorize emergency medical care if no one listed on the MIF (Medical Information Form) can be reached. If applicable, I authorize City of Pullman program facilitators, to administer medication to my child as outlined on the MIF form, and release from all liability said facilitators for any injury resulting from the administration of those medications, provided all medications are administered in accordance with the schedule and conditions. In the absence of a signature, payment of fee and participation in the program or use of a facility shall constitute acceptance of the conditions set forth in this release. PHOTO: I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for any City of Pullman informational or promotional use. REFUNDS: All refunds may be subject to a \$10 service fee. (See full refund policy on page 44) CREDIT CARD/DEBIT CHARGES: I agree to pay above total amount according to card issuer agreement. X					
For office use onl	· I	rized by:				M	egister Online ail: Parks & Recr	eation, 240	SE Dexter,			
,			rove amount:				mail: recreation		wa.gov			